

<i>SERFF Tracking Number:</i>	<i>UNUM-125854969</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colonial Life &amp; Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>40527</i>
<i>Company Tracking Number:</i>	<i>LBMP APP-2</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>LBMP 08 Enhancement</i>		
<i>Project Name/Number:</i>	<i>LBMP 08 Enhancement/LBMP App-2</i>		

## Filing at a Glance

Company: Colonial Life & Accident Insurance Company

Product Name: LBMP 08 Enhancement      SERFF Tr Num: UNUM-125854969      State: ArkansasLH

TOI: H14G Group Health - Hospital Indemnity      SERFF Status: Closed      State Tr Num: 40527

Sub-TOI: H14G.000 Health - Hospital Indemnity      Co Tr Num: LBMP APP-2      State Status: Approved-Closed

Filing Type: Form      Co Status:      Reviewer(s): Rosalind Minor

Authors: Cathy Brooks, Donna

Mazloom, Angela Mctier, Lauren

Sease, Annette Smith, Melissa

Allen, Tonia Garbutt

Date Submitted: 10/14/2008

Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: LBMP 08 Enhancement

Project Number: LBMP App-2

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 10/15/2008

State Status Changed: 10/15/2008

Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your consideration and approval is a revised application for use with previously approved group limited benefit hospital confinement indemnity policy forms:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/08/2008

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

Form Description \_

LBMP App-2 Master Application

SERFF Tracking Number:	UNUM-125854969	State:	Arkansas
Filing Company:	Colonial Life & Accident Insurance Company	State Tracking Number:	40527
Company Tracking Number:	LBMP APP-2		
TOI:	H14G Group Health - Hospital Indemnity	Sub-TOI:	H14G.000 Health - Hospital Indemnity
Product Name:	LBMP 08 Enhancement		
Project Name/Number:	LBMP 08 Enhancement/LBMP App-2		

This application is exactly the same as the previous application which was approved on July 20, 2007. The only difference is on page two with the addition of four Plan Option boxes (Colonial Health Advantage-Standard, Colonial Health Advantage-Standard Plus, Colonial Health Advantage-Enhanced and Colonial Health Advantage-Premier) and the Critical Illness Options. These revisions allow the employer to choose from four additional plans. Benefits and benefit ranges for these four new plans were shown on the previously approved General & Specific Variables.

LBMP App-2 will be used to market our LBMP-P-OK, et al policy.

Additionally, we are enclosing for your review and approval the following advertising forms:

65891-1 Colonial Health Advantage Brochure  
65900-1 Colonial Health Advantage Critical Illness Benefit Insert

These forms have been re-branded and reformatted from the original approval on September 14, 2007 with no other changes.

70287 Colonial Health Advantage Premier Plan Insert

This form is a brand new form and does not replace any forms currently on file with your department

In addition to this insert for the Premier Plan, there will also be three other inserts for the other three new plans, (Colonial Health Advantage-Standard, Colonial Health Advantage-Standard Plus and Colonial Health Advantage-Enhanced) however; we chose not to submit since they will be exactly like the one above with the exception of different benefit amounts.

## Company and Contact

### Filing Contact Information

Lauren Sease, Senior Contract Analyst  
1200 Colonial Life Boulevard  
Columbia, SC 29202

LFSease@unum.com  
(803) 213-6528 [Phone]

SERFF Tracking Number:	UNUM-125854969	State:	Arkansas
Filing Company:	Colonial Life & Accident Insurance Company	State Tracking Number:	40527
Company Tracking Number:	LBMP APP-2		
TOI:	H14G Group Health - Hospital Indemnity	Sub-TOI:	H14G.000 Health - Hospital Indemnity
Product Name:	LBMP 08 Enhancement		
Project Name/Number:	LBMP 08 Enhancement/LBMP App-2		

### **Filing Company Information**

Colonial Life & Accident Insurance Company	CoCode: 62049	State of Domicile: South Carolina
1200 Colonial Life Boulevard	Group Code: 565	Company Type:
Post Office Box 1365		
Columbia, SC 29202	Group Name:	State ID Number:
(803) 798-7000 ext. [Phone]	FEIN Number: 57-0144607	
	-----	

SERFF Tracking Number: UNUM-125854969 State: Arkansas  
Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 40527  
Company Tracking Number: LBMP APP-2  
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity  
Product Name: LBMP 08 Enhancement  
Project Name/Number: LBMP 08 Enhancement/LBMP App-2

## Filing Fees

Fee Required? Yes  
Fee Amount: \$95.00  
Retaliatory? No  
Fee Explanation: 3 advertising forms - \$75.00  
1 application- \$20.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colonial Life & Accident Insurance Company	\$95.00	10/14/2008	23168319

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
	\$0.00	

<i>SERFF Tracking Number:</i>	<i>UNUM-125854969</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colonial Life &amp; Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>40527</i>
<i>Company Tracking Number:</i>	<i>LBMP APP-2</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>LBMP 08 Enhancement</i>		
<i>Project Name/Number:</i>	<i>LBMP 08 Enhancement/LBMP App-2</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	10/15/2008	10/15/2008

<i>SERFF Tracking Number:</i>	<i>UNUM-125854969</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colonial Life &amp; Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>40527</i>
<i>Company Tracking Number:</i>	<i>LBMP APP-2</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>LBMP 08 Enhancement</i>		
<i>Project Name/Number:</i>	<i>LBMP 08 Enhancement/LBMP App-2</i>		

## **Disposition**

Disposition Date: 10/15/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-125854969 State: Arkansas

Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 40527

Company Tracking Number: LBMP APP-2

TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity

Product Name: LBMP 08 Enhancement

Project Name/Number: LBMP 08 Enhancement/LBMP App-2

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Submission letter	Approved-Closed	Yes
Supporting Document	Readability Certification	Approved-Closed	Yes
Supporting Document	NAIC Transmittal	Approved-Closed	Yes
Form	Colonial Health Advantage Brochure-Wrapper	Filed-Closed	Yes
Form	Colonial Health Advantage Critical Illness Insert	Filed-Closed	Yes
Form	Colonial Health Advantage Premier Plan Insert	Filed-Closed	Yes
Form	Colonial Health Advantage Master Application	Approved-Closed	Yes

SERFF Tracking Number: UNUM-125854969 State: Arkansas

Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 40527

Company Tracking Number: LBMP APP-2

TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity

Product Name: LBMP 08 Enhancement

Project Name/Number: LBMP 08 Enhancement/LBMP App-2

## Form Schedule

**Lead Form Number:** LBMP App-2

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	65891-1	Advertising	Colonial Health Advantage Brochure-Wrapper	Initial			65891-1_LBMP Wrapper_9_24.pdf
Filed-Closed	65900-1	Advertising	Colonial Health Advantage Critical Illness Insert	Initial			65900-1_9_24.pdf
Filed-Closed	70287	Advertising	Colonial Health Advantage Premier Plan Insert	Initial			70287_9_24.pdf
Approved-Closed	LBMP App-2	Application/Enrollment Form	Colonial Health Advantage Master Application	Initial		53	LBMP Master Application - 2 - John Doe 65953[2].pdf



Can you afford to  
pay for the basics  
of health care?



Colonial Health  
Advantage<sup>SM</sup>  
Limited Benefit Medical Plan

*Now you have access to affordable coverage to help pay for those routine and not-so-routine health care costs that are a part of life.*

*About one-quarter of uninsured adults go without needed care due to cost each year.\**

Today, having access to health care coverage is not a nice-to-have, it's a necessity. Whether it's a night in the hospital, diagnostic tests, a prescription or a simple trip to the doctor...do you have the means to pay for what you need?

Our Colonial Health Advantage product can help. It provides limited benefits to help cover health care needs ranging from doctor's office visits to diagnostic tests and hospital confinement.

## Colonial Health Advantage:

- **Helps cover the "basics"** – It pays limited benefits for specific services such as doctor's office visits; preventive or well-care visits; diagnostic, X-ray and laboratory; hospital confinement; and in some plans, prescription drugs.
- **Does not have deductibles** – It pays limited indemnity or "flat amount" benefits for specific health care services.
- **Offers affordable coverage for you, your spouse and your eligible dependent children** – so you can have comfort in knowing your family has some help with health care expenses.
- **Is simple to use** – As a covered insured, you receive an ID card to present to your health care providers. They file a claim for your expenses, and if there is any difference between their fee and the Colonial Health Advantage benefit they receive, you pay the difference.
- **Can save you additional money through NPPN\*\*** – a large national provider network from Coalition America, which you have access to through the Colonial Health Advantage plan. Health care providers in the NPPN network charge discounted fees, so you may pay less out of your pocket after your Colonial Health Advantage benefit is applied if you use a participating provider.
- **Offers friendly, quality customer service and stability** from an industry leader in voluntary benefits.

*The uninsured often face unaffordable medical bills when they do seek care.\**



\*"Five Basic Facts on the Uninsured," The Kaiser Commission on Medicaid and the Uninsured, August 2008.

\*\* NPPN is not underwritten by Colonial Life & Accident Insurance Company.





*Now, the coverage  
you need is within  
your reach.*

**For Colonial Health Advantage ID cards,  
claims and related services, contact:**

**Harrington Health**, the benefits administrator  
for our Colonial Health Advantage product.  
Harrington Health is a nationally recognized  
benefits administration expert with more than  
50 years of outstanding customer service.

**300 W. Douglas Ave., 8<sup>th</sup> floor  
Wichita, KS 67202  
1.877.737.0769**

**[www.harringtonhealth.com](http://www.harringtonhealth.com)**



**For all other requests, contact:**

**Colonial Life Customer Service Center**  
P.O. Box 1365  
Columbia, SC 29202-1365  
1.866.858.8978

**[coloniallife.com](http://coloniallife.com)**



*Colonial Life has been  
making benefits count  
for working Americans  
for nearly 70 years.*

## Benefit Worksheet

For use by Colonial Life Benefits Representative

☐ Pre-tax

### Coverage: (check one)

- |   |   |
|---|---|
| <input type="checkbox"/> Individual - Employee                                  | <input type="checkbox"/> Employee and Spouse<br>(or Domestic Partner, if applicable in your state)  |
| <input type="checkbox"/> One-Parent Family -<br>Employee and Dependent Children | <input type="checkbox"/> Two-Parent Family - Employee, Spouse<br>(or Domestic Partner, if applicable in your state)<br>and Dependent Children |

Plan Selected \_\_\_\_\_

Premium Per Pay Period \$ \_\_\_\_\_

Monthly Premium \$ \_\_\_\_\_

This is a Group Limited Benefit Hospital Confinement Indemnity and Accidental Death & Dismemberment Plan. It is not designed to replace a major medical, other comprehensive and/or catastrophic plan. This is limited coverage that may not provide a reimbursement for all medical expenses you may incur.

In GA and TX, this is a Hospital Confinement Indemnity Plan, and in KS, it is a Group Limited Benefit Accident and Sickness Fixed Indemnity Plan.

*Learn more about  
these and all of the  
benefits Colonial Life  
has to offer at  
[coloniallife.com](http://coloniallife.com)*

This brochure is not complete without the Outline of Coverage, form number LBMP-C-O, and state abbreviations, where used. (For example, in TX, form number LBMP-C-O-TX.)

This brochure highlights the benefits of policy form LBMP-P (including state abbreviations where applicable). This is not an insurance contract and only the actual policy provisions will control. The certificate sets forth in detail the rights and obligations of both you and us. It is, therefore, important that you READ YOUR CERTIFICATE CAREFULLY.

**Colonial Life**  
Making benefits count.

**Colonial Life**  
1200 Colonial Life Boulevard  
Columbia, South Carolina 29210  
[coloniallife.com](http://coloniallife.com)

65891-1 09/08

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand. "Colonial Health Advantage" is a service mark of Colonial Life & Accident Insurance Company.

65891-1

# Colonial Health Advantage<sub>SM</sub> Limited Benefit Medical Plan

Group Limited Benefit Hospital  
Confinement Indemnity Insurance

Colonial Life<sub>SM</sub>

Making benefits count.

The medical and non-medical expenses that result from a critical illness can be overwhelming. The critical illness benefit included in this plan can help provide you extra financial protection in the event of a catastrophic illness.

- Provides a lump-sum payment upon diagnosis of a covered critical illness, for you to use where it's needed most.
- Payable regardless of any other individual insurance you may have with other insurance companies.
- Benefit paid directly to you unless you specify otherwise.
- If an additional, different covered critical illness is diagnosed more than 60 days from the date of diagnosis of the first critical illness, we will pay the benefit again. We will not pay more than 200% of the critical illness benefit amount for all critical illnesses, combined.

**1 in 3 men  
and women has  
some form of  
cardiovascular  
disease.**

*Heart Disease and Stroke  
Statistics – 2007 Update,  
American Heart Association.*

## Covered Critical Illnesses

**Benefits are payable if you are diagnosed with one of the following specified critical illnesses and the date of diagnosis is after the waiting period and while your coverage is in force. See the Outline of Coverage for complete details and definitions, including exclusions and limitations that apply.**

**We will pay this  
percentage of the  
critical illness  
benefit amount:**

**Cancer** – The date of diagnosis is the date the tissue specimen, blood samples or titer(s) are taken, on which the first diagnosis of cancer is based.

**100%**

**Heart Attack** (myocardial infarction) – The date of diagnosis is the date the death (infarction) of a portion of the heart muscle occurred, subject to certain conditions.

**100%**

**Stroke** – The date of diagnosis is the date a stroke occurred, based on neuroimaging consistent with an acute or subacute abnormality or other neurodiagnostic study and presence of neurological deficits persisting for a period of at least 30 days.

**100%**

**Major Organ Transplant** – The date of diagnosis is the date the surgery occurs for covered transplants.

**100%**

**End Stage Renal Failure** – The date of diagnosis is the date that regular hemodialysis or peritoneal dialysis begins.

**100%**

**Coronary Artery Bypass** – The date of diagnosis is the date the coronary artery bypass surgery occurs for covered coronary artery bypass surgery.

**25%**

**Carcinoma In Situ** – The date of diagnosis is the date the tissue specimen, blood samples or titer(s) are taken, on which the first diagnosis of carcinoma in situ is based.

**25%**

*continued on back*

## Benefit Worksheet

For use by Colonial Life Benefits Representative

Critical Illness benefit amount	\$ _____
Amount for spouse (or domestic partner if applicable in your state) - if covered	50 percent of amount for named insured
Amount for dependent children - if covered	50 percent of amount for named insured

**The Group Limited Benefit Hospital Confinement Indemnity and Accidental Death & Dismemberment Insurance Certificate is not comprehensive major medical or hospitalization insurance coverage, and is not a substitute or replacement for major medical insurance. This is limited coverage. The certificate does not provide a reimbursement for all medical expenses you may incur.**

This document is not complete without the Outline of Coverage, form number LBMP-C-O, and state abbreviations, where used. (For example in TX it is form number LBMP-C-O-TX.)

Certificates have exclusions and limitations that may affect benefits payable.

Benefits vary by state and may not be available in all states. See the outline of coverage for complete details.

### Colonial Life

1200 Colonial Life Boulevard  
Columbia, South Carolina 29210  
coloniallife.com

65900-1

09/08

*Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand. "Colonial Health Advantage" is a service mark of Colonial Life & Accident Insurance Company.*

65900-1

# Colonial Health Advantage<sup>SM</sup>

## Premier Plan

Group Limited Benefit Hospital  
Confinement Indemnity Insurance

Colonial Life<sup>SM</sup>

Making benefits count.

With Colonial Health Advantage<sup>SM</sup>, you have an ID card and access to affordable health care to help pay for those everyday medical expenses. There are no deductibles, and you can save money if you use providers in the large national network that's available with the plan. The providers can file a claim for your expenses, and if there is any difference between their fee and the Colonial Health Advantage benefit they receive, you pay the difference.

**Now, the coverage you need is within your reach.**

Colonial Health Advantage<sup>SM</sup>  
Premier Plan

Plan Benefit	Description	Benefit Amount
Doctor's Office Visit	<ul style="list-style-type: none"> <li>If you incur (still would prefer to use "receive" here) charges from a doctor's office or urgent care facility for treatment of a covered sickness or for injuries that result from a covered accident.</li> <li>Includes 1 visit to the Emergency Room due to a covered sickness.</li> <li><b>Maximum:</b> up to 6 days for each covered person, per calendar year.</li> </ul>	<b>\$75 per day</b>
Preventive Care Visit	<ul style="list-style-type: none"> <li>If you incur charges from a doctor's office for preventive care.</li> <li>Preventive care is: immunizations; well baby doctor's office visits, including immunizations; routine physical exams; prostate cancer screenings; preventive doctor office visits; colorectal screenings; pap smears and mammograms.</li> <li><b>Maximum:</b> up to 2 days for each covered person, per calendar year.</li> </ul>	<b>\$75 per day</b>
Diagnostic Testing, X-ray & Lab	<ul style="list-style-type: none"> <li>If you incur charges for outpatient X-rays, lab work or diagnostic tests ordered by a doctor.</li> <li>Not payable for diagnostic tests, X-rays or lab work received while in a hospital.</li> <li><b>Maximum:</b> up to 3 days for each covered person, per calendar year.</li> </ul>	<b>\$125 per day</b>
Pharmacy	<ul style="list-style-type: none"> <li>After you pay a \$10 co-payment for each 30-day supply of a generic prescription drug obtained through a pharmacy, this benefit pays the charges that remain, up to the \$100 monthly maximum.</li> <li>A mail-order service is available for generic prescription drugs and may save you money.</li> <li>A discount for brand-name prescription drugs is available through pharmacies that participate in the Express Scripts® network.*</li> <li><b>Maximum:</b> up to \$100 of benefits paid to the pharmacy for each covered person, per calendar month.</li> </ul>	<b>Remainder of prescription charge after insured pays \$10 co-pay; up to \$100 per month</b>
Hospital Confinement	<ul style="list-style-type: none"> <li>If you incur charges for confinement and treatment in a hospital for a covered sickness or injuries received in a covered accident.</li> <li><b>Maximum:</b> up to 60 days for each covered person, per calendar year.</li> </ul>	<b>\$400 per day</b>
Hospital Intensive Care Unit	<ul style="list-style-type: none"> <li>If you incur charges for confinement and treatment in a hospital intensive care unit for a covered sickness or for injuries you receive in a covered accident.</li> <li><b>Maximum:</b> up to 15 days for each covered person, per calendar year.</li> </ul>	<b>\$800 per day</b>

\*The brand discount is available through Express Scripts® and is not underwritten by Colonial Life & Accident Insurance Company.

continued on back

Plan Benefit	Description	Benefit Amount
Hospital Admission	<ul style="list-style-type: none"> <li>For admission and confinement to a hospital for treatment of a covered sickness or for injuries you receive in a covered accident.</li> <li><b>Maximum:</b> one admission benefit for each covered person, per calendar year.</li> </ul>	<b>\$250 for one admission</b>
Surgical	<ul style="list-style-type: none"> <li>If you incur charges for a surgical procedure performed to treat a covered sickness or injuries you receive in a covered accident, and a licensed anesthesiologist or a certified registered nurse anesthetist provides anesthesia.</li> <li>Each surgical procedure has its own specific benefit amount based on the Surgical Schedule. See it along with the plan's Outline of Coverage for details.</li> <li><b>Maximum:</b> up to \$1,000 per surgical procedure.</li> </ul>	<b>Up to \$1,000 maximum per procedure</b>
Anesthesia	<ul style="list-style-type: none"> <li>If you incur charges for general anesthesia given by a licensed anesthesiologist or a certified registered nurse anesthetist during a surgical procedure covered under this plan, as listed above.</li> <li>Provided per surgical procedure for which a benefit is paid.</li> <li><b>Maximum:</b> provides 20% of the surgical benefit that is payable, up to \$200 maximum, per surgical procedure.</li> </ul>	<b>Up to \$200 maximum per procedure</b>
Accident Lump-Sum	<ul style="list-style-type: none"> <li>If you incur charges from a doctor's office, emergency room or urgent care facility for medical treatment of injuries you receive in a covered accident.</li> <li><b>Maximum:</b> up to 3 covered accidents for each covered person, per calendar year.</li> </ul>	<b>\$300 per covered accident</b>
Ambulance/Air Ambulance	<ul style="list-style-type: none"> <li>If you incur charges for transportation by a licensed professional ambulance or air ambulance company, to or from a hospital or between medical facilities, for treatment of a covered sickness or for injuries you receive in a covered accident.</li> <li><b>Maximum:</b> up to 3 trips for each covered person, per calendar year.</li> </ul>	<b>\$100 per trip</b>
Accidental Death & Dismemberment	<ul style="list-style-type: none"> <li>For suffering a loss, loss of use, or loss of life as the result of a covered accident.</li> <li>See your Outline of Coverage for definitions of "loss" and "loss of use."</li> </ul>	<b>\$25,000</b> <b>\$12,500 spouse (if covered);</b> <b>\$12,500 dependent child (if covered)</b>

**What does "per day" mean?** "Per day" means that the benefit is payable "per day," not "per service." *For example:* You break your arm and go to the doctor on Wednesday. The doctor orders three different X-rays, and you do them all on that Wednesday. The benefit payable for the X-rays is the "per day" amount shown. The benefit is paid "per day," not "per X-ray."

**The Group Limited Benefit Hospital Confinement Indemnity and Accidental Death & Dismemberment Insurance Certificate is not comprehensive major medical or hospitalization insurance coverage, and is not a substitute or replacement for major medical insurance. This is limited coverage. The certificate does not provide a reimbursement for all medical expenses you may incur.**

In GA and TX, this is a Hospital Confinement Indemnity Plan, and in KS, it is a Group Limited Benefit Accident and Sickness Fixed Indemnity Plan.

This document is not complete without the Outline of Coverage, form number LBMP-C-O, and state abbreviations, where used. (For example in TX it is form number LBMP-C-O-TX.) Certificates have exclusions and limitations that may affect benefits payable. Benefits vary by state and may not be available in all states. See the Outline of Coverage for complete details.



**Colonial Life & Accident Insurance Company P.O. Box 1365 Columbia South Carolina 29202**  
**Group Master Application for Group Limited Benefit Hospital Confinement Indemnity Insurance**

Policyholder Section			
Policyholder Name John K Doe		Billing Control Number EXXXXXXX	
Home or Corporate Office Address Street 123 Any Street		City Any City	State Any State
		Zip Code XXXXX	
Do you have employees located in other states Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please list states here:			
Policyholder Phone Number 111-111-1111		Plan Administrator Name Sally Doe	
Nature Of Business Any		Requested Effective Date of Coverage (mm/dd/yyyy) 09-01-2009	

Enrollment Information		
Initial Enrollment Dates	Start Date (mm,dd,yyyy) 09-01-2008	Stop Date (mm,dd,yyyy) 10-01-2008
Policyholder Probationary Period If this is different by Employee Class or for the initial and future enrollment(s), please indicate: _____		Indicate No. Of Days XX
Eligibility Period is 31 days after satisfying the Policyholder Probationary period.		

Eligible Class
<input checked="" type="checkbox"/> All Active employees working a minimum of __XX__ regularly scheduled hours per week, per year. Active employees are those who are working at the worksite for earnings that are paid regularly, and they are performing the material and substantial duties of their regular occupation. The worksite must be: <ul style="list-style-type: none"> <li>• The employer's usual place of business;</li> <li>• An alternative worksite at the direction of the employer; or</li> <li>• A location to which the named insured's job requires him to travel.</li> </ul> A minimum of 15 hours per week is required and temporary and seasonal employees are excluded. <i>If eligibility differs by employee class, please complete the employee class section on page 2.</i>
Number of Eligible Employees
XX

Plan Type
Voluntary Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Employer Contribution Yes <input type="checkbox"/> No <input type="checkbox"/>
If there is any employer contribution indicate appropriate percent below:
Named Insured (Employee) Only
Named Insured & Family (Employee, Spouse, Dependent Children)
Flat Dollar Amount
<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> Other: _____ <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> Other: _____ \$ _____

Colonial Life & Accident Insurance Company P.O. Box 1365 Columbia South Carolina 29210  
Group Limited Benefit Hospital Confinement Indemnity Insurance

Employee Class and Plan Option Section

If benefits or employer contribution varies by employee class (salaried, hourly etc.) please indicate here.

Definition of Employee Class	Number of Employees	Hours Worked Per Week	Plan Option	Percentage of Employer Contribution

Plan Options Applied For (Limited to [two] choices. Plans offered must be sequential):

- ☐ Plan One  
☐ Plan Two  
☐ Plan Three  
☒ Plan Four  
☐ Plan Five  
☐ Plan Six  
☐ Plan Seven (Requires Home Office Approval and may require employer contribution)  
☐ Plan Eight (Requires Home Office Approval and may require employer contribution)  
☐ Custom Plan (Requires Home Office Approval)  
☐ Colonial Health Advantage<sub>(sm)</sub> Standard  
☐ Colonial Health Advantage<sub>(sm)</sub> Standard Plus  
☐ Colonial Health Advantage<sub>(sm)</sub> Enhanced  
☐ Colonial Health Advantage<sub>(sm)</sub> Premier
- Critical Illness Option (choose 1 option)  
☐ \$2,500 ☐ \$5,000 ☐ \$7,500 ☐ \$10,000

Agreement Section

With my signature below, I confirm I have read and understand the Fraud Statement printed on the reverse side. I hereby state the statements are true and have been completed to the best of my knowledge and belief. It is understood and agreed that this application shall be attached as a part of the Policy applied for and that no Insurance shall be effective until approved by Colonial Life & Accident Insurance Company at its Home Office.

IMPORTANT NOTICE, PLEASE READ

NOTE: This coverage is not intended to replace comprehensive major medical insurance. I understand that this coverage is not major medical coverage. The coverage provides only scheduled, limited indemnity benefits which are designed to cover a part of the cost that a covered person may incur upon the occurrence of a covered injury or sickness, such as a doctor's office visit or a hospitalization. I further agree that we will inform and educate all current and future employees regarding the maximum coverage levels afforded under the policy.

Signed at: City Any State Any Date 09/15/2008  
mm/dd/yyyy

(x) Tom R Employer  
(Authorized Signature/Title)

Agent Section

I hereby certify that: (a) all information set forth above is correct to the best of my knowledge and belief; (b) I have complied fully with the underwriting rules; (c) I have explained the proposed insurance Policy in detail; and (d) to the best of my knowledge and belief the proposed Policyholder is financially sound.

(x) Joe A Agent License No. XXXXXX Code No. XXXXX  
Signature of Licensed Agent

## Fraud Warning Notice

For all states except those listed below:	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Arkansas, Louisiana and West Virginia	Any person who knowingly presents a false or fraudulent claim for payment for a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines and denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	<b>WARNING:</b> It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefit if false information materially related to a claim was provided by the applicant.
Florida	<b>All statements and information found in the application are deemed representations and not warranties. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.</b>
Kentucky Kansas North Carolina	Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and may subject such person to criminal and civil penalties.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OR LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
New York	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.
Oklahoma	<b>WARNING:</b> Any person who knowingly and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon and Texas	Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.
Pennsylvania	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. If coverage is <u>contested</u> , the company's only obligation will be to refund all premiums paid.
Tennessee	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. <u>Penalties include imprisonment, fines and denial of coverage.</u>
Virginia	Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

<i>SERFF Tracking Number:</i>	<i>UNUM-125854969</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Colonial Life &amp; Accident Insurance Company</i>	<i>State Tracking Number:</i>	<i>40527</i>
<i>Company Tracking Number:</i>	<i>LBMP APP-2</i>		
<i>TOI:</i>	<i>H14G Group Health - Hospital Indemnity</i>	<i>Sub-TOI:</i>	<i>H14G.000 Health - Hospital Indemnity</i>
<i>Product Name:</i>	<i>LBMP 08 Enhancement</i>		
<i>Project Name/Number:</i>	<i>LBMP 08 Enhancement/LBMP App-2</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: UNUM-125854969 State: Arkansas  
Filing Company: Colonial Life & Accident Insurance Company State Tracking Number: 40527  
Company Tracking Number: LBMP APP-2  
TOI: H14G Group Health - Hospital Indemnity Sub-TOI: H14G.000 Health - Hospital Indemnity  
Product Name: LBMP 08 Enhancement  
Project Name/Number: LBMP 08 Enhancement/LBMP App-2

## Supporting Document Schedules

**Review Status:**  
**Satisfied -Name:** Certification/Notice Approved-Closed 10/15/2008  
**Comments:**  
See attached.  
**Attachment:**  
COMPLIANCE CERTIFICATION.pdf

**Review Status:**  
**Bypassed -Name:** Application Approved-Closed 10/15/2008  
**Bypass Reason:** Please see the Form Schedule tab for the application.  
**Comments:**

**Review Status:**  
**Satisfied -Name:** Submission letter Approved-Closed 10/15/2008  
**Comments:**  
See attached  
**Attachment:**  
Submission Letter with rates-advertising.pdf

**Review Status:**  
**Satisfied -Name:** Readability Certification Approved-Closed 10/15/2008  
**Comments:**  
See attached.  
**Attachment:**  
READABILITY COMPLIANCE CERTIFICATION.pdf

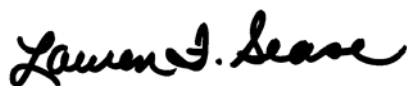
**Review Status:**  
**Satisfied -Name:** NAIC Transmittal Approved-Closed 10/15/2008  
**Comments:**  
See attached.  
**Attachment:**  
AR NAIC Transmittal.pdf

## COMPLIANCE CERTIFICATION

FORM: LBMP App-2

I certify that this submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements.

October 13, 2008  
Date



---

Lauren F. Sease  
Senior Compliance Contract Consultant

**Colonial Life & Accident  
Insurance Company**

1200 Colonial Life Boulevard  
Columbia, SC 29210  
803.798.7000  
coloniallife.com

October 13, 2008

Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
Life & Health Division  
1200 W 3<sup>rd</sup> Street  
Little Rock, AR 72201-1904

RE: NAIC#/Group: 62049 / 0565  
Insurer: Colonial Life & Accident Insurance Company  
Filing Type: Application, Actuarial Memorandum and Advertising  
Form(s): LBMP App – 2, 65891-1, 65900-1 & 70287

Dear Commissioner:

Enclosed for your consideration and approval is a revised application for use with previously approved group limited benefit hospital confinement indemnity policy forms:

Form	Description
LBMP App-2	Master Application

This application is exactly the same as the previous application which was approved on May 24, 2007. The only difference is on page two with the addition of four Plan Option boxes (Colonial Health Advantage-Standard, Colonial Health Advantage-Standard Plus, Colonial Health Advantage-Enhanced and Colonial Health Advantage-Premier) and the Critical Illness Options. These revisions allow the employer to choose from four additional plans. Benefits and benefit ranges for these four new plans were shown on the previously approved General & Specific Variables.

LBMP App-2 will be used to market our LBMP-P- et al policy.

Additionally, we are enclosing for your review and approval the following advertising forms:

65891-1	Colonial Health Advantage Brochure
65900-1	Colonial Health Advantage Critical Illness Benefit Insert

These forms have been re-branded and reformatted from the original approval on July 17, 2007 with no other changes.

70287	Colonial Health Advantage Premier Plan Insert
-------	---

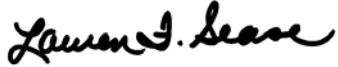
This form is a brand new form and does not replace any forms currently on file with your department

In addition to this insert for the Premier Plan, there will also be three other inserts for the other three new plans, (Colonial Health Advantage-Standard, Colonial Health Advantage-Standard Plus and Colonial Health Advantage-Enhanced) however; we chose not to submit since they will be exactly like the one above with the exception of different benefit amounts.

The filing fee of \$95.00 has been submitted by SERFF/EFT.

[If acceptable, we shall appreciate your notifying us via SERFF. If you have any questions, please contact me at (800) 845-7330, extension 6528. My email address is [lfsease@coloniallife.com](mailto:lfsease@coloniallife.com). The fax number is (803) 750-7341.

Sincerely,

A handwritten signature in black ink, appearing to read "Lauren J. Sease". The signature is fluid and cursive, with the first name "Lauren" being more prominent than the last name "Sease".

Senior Compliance Contract Consultant

Enclosures



## READABILITY COMPLIANCE CERTIFICATION

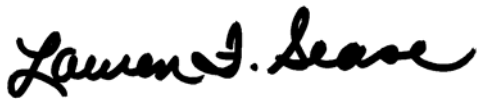
Form No.

Flesch Score

LBMP App-2

53.1

This is to certify that the attached Forms (listed above) have achieved the above Flesch Reading Ease Score and comply with the requirements of Arkansas Stat. Ann. § §66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



October 13, 2008

---

Lauren F. Sease  
Senior Compliance Contract Consultant

---

Date

**Life, Accident & Health, Annuity, Credit Transmittal Document (Revised 1/1/06)**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas				
-----------	----------------------------------	----------	--	--	--	--

<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

<b>3.</b>	<b>Insurer Name &amp; Address</b>	<b>Domicile</b>	<b>Insurer License Type</b>	<b>NAIC Group #</b>	<b>NAIC #</b>	<b>FEIN #</b>
	Colonial Life & Accident Insurance Company PO BOX 1365 Columbia SC 29202	SC		0565	62049	57-0144607

<b>4.</b>	<b>Contact Name &amp; Address</b>	<b>Telephone #</b>	<b>Fax #</b>	<b>E-mail Address</b>
	Lauren F. Sease PO BOX 1365 Columbia SC 29202	800 845-7330 ext 6528	803 750-7341	lfsease@coloniallife.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
-----------	------------------------------	--

<b>6.</b>	<b>Company Tracking Number</b>	<b>LBMP App-2</b>
-----------	--------------------------------	-------------------

<b>7.</b>	<input checked="" type="checkbox"/> <b>X New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
-----------	--	-----------------------

<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           Group   <input type="checkbox"/> Employer  <input type="checkbox"/> Discretionary  <input type="checkbox"/> Other: _____         </div> <div style="width: 50%;"> <input type="checkbox"/> Small      <input type="checkbox"/> Large      <input checked="" type="checkbox"/> Small and Large  <input type="checkbox"/> Association      <input type="checkbox"/> Trust      <input type="checkbox"/> Blanket         </div> </div>
-----------	---------------	--

<b>9.</b>	<b>Type of Insurance</b>	<b>H14G-Group Health-Hospital Indemnity</b>
-----------	--------------------------	---

<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	<b>H14G.000 Health – Hospital Indemnity</b>
------------	--	---


<b>11.</b>	<b>Submitted Documents</b>	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> <b><u>FORMS</u></b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Policy  <input checked="" type="checkbox"/> Application/Enrollment  <input type="checkbox"/> Schedule of Benefits           </div> <div style="width: 30%;"> <input type="checkbox"/> Outline of Coverage  <input type="checkbox"/> Rider/Endorsement  <input type="checkbox"/> Other           </div> <div style="width: 30%;"> <input type="checkbox"/> Certificate  <input type="checkbox"/> Advertising           </div> </div>   <b><u>Rates</u></b>  <input type="checkbox"/> New Rate      <input type="checkbox"/> Revised Rate    <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b>            Please explain: _____         </div>
------------	----------------------------	---

<b>11.</b>	<b>Submitted Documents</b>	<b><u>SUPPORTING DOCUMENTATION</u></b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation  <input type="checkbox"/> Association Bylaws  <input type="checkbox"/> Statement of Variability  <input checked="" type="checkbox"/> Actuarial Memorandum  <input type="checkbox"/> Other _____         </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization  <input type="checkbox"/> Trust Agreements  <input type="checkbox"/> Certifications         </div> </div>
------------	----------------------------	---



12.	<b>Filing Submission Date</b>	<b>October 13, 2008</b>											
13	<b>Filing Fee (If required)</b>	Amount	\$95.00 (EFT)										
		Check Date											
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
		Check Number											
14.	<b>Date of Domiciliary Approval</b>	<b>10/08/08</b>											
15.	<b>Filing Description:</b>												
	<p>Enclosed for your consideration and approval is a revised application for use with previously approved group limited benefit hospital confinement indemnity policy forms:</p> <table border="1"> <thead> <tr> <th>Form</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>LBMP App-2</td> <td>Master Application</td> </tr> </tbody> </table> <p>This application is exactly the same as the previous application which was approved on May 24, 2007. The only difference is on page two with the addition of four Plan Option boxes (Colonial Health Advantage-Standard, Colonial Health Advantage-Standard Plus, Colonial Health Advantage-Enhanced and Colonial Health Advantage-Premier) and the Critical Illness Options. These revisions allow the employer to choose from four additional plans. Benefits and benefit ranges for these four new plans were shown on the previously approved General &amp; Specific Variables.</p> <p>LBMP App-2 will be used to market our LBMP-P- et al policy.</p> <p>Additionally, we are enclosing for your review and approval the following advertising forms:</p> <table border="0"> <tr> <td>65891-1</td> <td>Colonial Health Advantage Brochure</td> </tr> <tr> <td>65900-1</td> <td>Colonial Health Advantage Critical Illness Benefit Insert</td> </tr> </table> <p>These forms have been re-branded and reformatted from the original approval on July 17, 2007 with no other changes.</p> <table border="0"> <tr> <td>70287</td> <td>Colonial Health Advantage Premier Plan Insert</td> </tr> </table> <p>This form is a brand new form and does not replace any forms currently on file with your department</p> <p>In addition to this insert for the Premier Plan, there will also be three other inserts for the other three new plans, (Colonial Health Advantage-Standard, Colonial Health Advantage-Standard Plus and Colonial Health Advantage-Enhanced) however; we chose not to submit since they will be exactly like the one above with the exception of different benefit amounts.</p>			Form	Description	LBMP App-2	Master Application	65891-1	Colonial Health Advantage Brochure	65900-1	Colonial Health Advantage Critical Illness Benefit Insert	70287	Colonial Health Advantage Premier Plan Insert
Form	Description												
LBMP App-2	Master Application												
65891-1	Colonial Health Advantage Brochure												
65900-1	Colonial Health Advantage Critical Illness Benefit Insert												
70287	Colonial Health Advantage Premier Plan Insert												

16.	<b>Certification (If required)</b>
<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>	
Print Name	<u>Wendy Smith</u>
Title	<u>Assistant Secretary</u>
Signature	
Date:	<u>October 13, 2008</u>

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		<b>LBMP App-2</b>
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	<b>Limited Benefit Master Application</b>	<b>LBMP App-2</b>	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	

LH FFA-1

<b>18.</b>	<b>Rate Filing Attachment</b>			
<b>This filing transmittal is part of company tracking number</b>				
<b>This filing corresponds to form filing company tracking number</b>				
<b>Overall percentage rate impact for this filing</b>			<b>%</b>	
	<b>Document Name</b>	<b>Affected Form Numbers</b>		<b>Previous State Filing Number</b>
	<b>Description</b>			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1